



**TOWN OF LEXINGTON**  
Office of Community Development – Health Department  
1625 Massachusetts Avenue  
Lexington, MA 02420

**Application to Operate a Tanning Facility**

Name of Establishment:			
Business Address:			
Establishment Telephone Number:			
Mailing Address (if different):			
Name & Title of Applicant:			
Address of Applicant:			
Applicant Telephone Number:			
If corporation or partnership, give name, title & home address of officers or partners:			
Name	Title	Home Address	Telephone Number
Names, address, and phone of Staff Personnel: (Please provide copies of all employee certification, if more space is needed please attach)			
Signature of Applicant: _____			
Pursuant to M.G.L.>Ch.62C.sec.49A. I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.			
<b>FOR BOARD OF HEALTH USE ONLY</b>			
Date Rec'd	Date Inspected	Approved By	Permit #

Current Permit Expires: \_\_\_\_\_

Fee: \$100.00